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Opinion

A student's perspective of learning in a global classroom course

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Abstract

Due to increasing diversity in patient populations, cultural competence has become an essential skill necessary for pharmacists to provide individualized patient care. In order to develop cultural competency, pharmacy schools have integrated global education into the curriculum through various avenues including international experiences and in-class discussions. However, several barriers, such as travel costs and lack of access to diverse patient groups, may hinder students from achieving adequate cultural exposure within existing avenues. A live, interactive global classroom course was initiated between the University of Kentucky College of Pharmacy and Peking University to help overcome some of these barriers. This article will describe a student's perspective regarding three key insights obtained from participating in the course: the varying training models for pharmacists, the different scope of practice of pharmacists, and the communication and culture disparities between US and China.

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The importance of global education

According to US Census Bureau projections, by the year 2043, non-Hispanic whites will no longer comprise a majority of the US population and by 2060, 57% of the population will be from minority groups.¹ Pharmacists and other health care professionals will need to effectively communicate and interact with an increasingly diverse patient population. Disparities in health care “may arise from the inability of a health provider to offer culturally appropriate health care services to multiethnic patients based on cultural and linguistic barriers.”² The cultural background, language, and religious beliefs of each patient will become increasingly prominent and health care providers' cultural competency will become paramount.

The ideal time to incorporate cultural competence is during health professions education through a curriculum

that addresses topics such as health disparities, cultural values, and communication barriers.² One innovative method of teaching cultural competence that forms the framework for this student perspective was implemented at the University of Kentucky. During the course, students evaluated significant cultural differences between two countries and indirectly learned to overcome language barriers while collaborating with peers. This article will discuss background information on global education followed by a student's perspective regarding the three main objectives learned from this innovative cultural teaching method.

Current global education opportunities

According to the Accreditation Council for Pharmacy Education (ACPE), cultural competence must be built into curriculum activities.³ There are many avenues through which a pharmacy student can become exposed to cultural differences and their incorporation into patient care. These activities can take many forms such as workshops, incorporation into classroom lectures, and/or mandatory activities

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outside of the classroom. For example, at Drake University, students participated in topic discussions with faculty members, served as part of a patient care team at a homeless shelter and an HIV/AIDS clinic, used interpreters to interview Hispanic patients, visited a Mexican grocery store, and evaluated nontraditional medicine practices in the Hispanic community.⁴

Students can take global education courses, enroll in a faculty-led study abroad course, or interact with international students visiting domestic programs. For the more adventurous students, international Advanced Pharmacy Practice Experiences (APPE) and international medical missions are also available. One study found that 39 of 62 US colleges and schools of pharmacy surveyed have some type of international program available.⁵ Students are able to interact with various cultures and languages with these experiences and are able to transpose those skills to patient care.

Barriers to global education

Although international pharmacy education is becoming increasingly important, various barriers impede students from taking advantage of the more interactive opportunities. Results from a survey administered at the University of Kentucky showed that while most first-year students are interested in international study during pharmacy school, inability to pay expenses, lack of foreign language knowledge, and leaving family and friends while abroad are significant barriers.⁶ Importantly, over 90% of respondents noted that the inability to pay for the experience was the primary barrier.

Pharmacy educators have subsequently integrated cultural competency training into PharmD curricula, hence saving students the extra cost and allowing them to study in familiar surroundings. Global education classes within the curriculum can promote cultural awareness and strengthen confidence in communication with patients of diverse backgrounds.

Cultural knowledge is commonly presented through lectures, laboratories, videos, discussions, and assignments. While traditional presentation formats like these provide an adequate introduction to cultural awareness, their lack of interactive learning is insufficient in providing the level of cultural competency required to properly care for the increasingly diverse patient population. Therefore, some schools use more active learning methods such as simulated-patient activity groups, case scenarios, or actual patient interaction with diverse populations.⁷ While diverse patient groups are accessible at some colleges of pharmacy, other schools are not as fortunate thereby limiting students in their cultural experiences. Other, more cost-effective methods are needed to better expose students to different cultures and practice overcoming language barriers. With the advent of technology, novel teaching methods have surfaced and are being implemented to overcome the challenges of the traditional classroom.

Summary of global classroom course

One newer instructional model that incorporated cultural competency training was initiated at University of Kentucky College of Pharmacy in Spring 2014. “Pharmacy without Borders: A US-China Global Classroom” is an innovative, globally instructed and interactive course taught collaboratively by the University of Kentucky and Peking University Third Hospital (Beijing, China) faculty. The course objectives challenged students to compare and contrast US and Chinese health care models, understand differences in health care topics between the two countries, and learn to work within cross-cultural teams. Course content was delivered via a combination of online-recorded lectures and synchronous live lectures by faculty from both institutions. Students at the University of Kentucky were required to work with students from Peking University to present a relevant topic at the end of the course. The cross-cultural teamwork forced students to use various media to research topics, communicate with each other, and present material to peers and instructors. The inaugural class allowed students to expand their cultural knowledge and strengthen important soft skills that drive cultural competence. From the perspective of the student author, the course enabled students to learn the differences in culture and pharmacy education between the two countries, how to communicate with Chinese students, and how to collaborate with students in a different country and time zone. All of these skills can be extrapolated to communicating with and helping patients here in the US. The remainder of this section describes the perspective of the student author regarding what she learned and experienced in the course.

Student perspective points

Differences in training of pharmacists

Many aspects of pharmacy training in China are vastly different from education in the United States. Not only are there differences in coursework, but schools also offer different degrees to pharmacy students. Therefore, pharmacy practice models are unique to each country. While US pharmacy schools offer the Doctor of Pharmacy degree, China's schools offer other degrees.⁸ Most Chinese colleges offer a five-year or four-year Bachelor of Science (BS) degree in clinical pharmacy. In 2006, only 15 colleges offered this degree, but this number increased to 25 in 2011. Some schools offer a Bachelor of Medicine (BM) degree that incorporates clinical pharmacy courses within a regular pharmacy program. Participants in both degree programs are eligible for licensure as pharmacists. The four-year program has a six-month pharmacy practice experience requirement, whereas the five-year program has a one-year pharmacy practice experience requirement.⁹ Therefore, students are able to complete pharmacy education four or five years after high school. There is also the option to complete an MS or PhD in clinical pharmacy.

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